

PART B - FEE(S) TRANSMITTAL

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37808 7590 12/16/2009

ROSETTA-GENOMICS
c/o POLSINELLI SHUGHART PC
700 W. 47TH STREET
SUITE 1000
KANSAS CITY, MO 64112

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/604,984	08/29/2003	Itzhak Bentwich	050992.0300.09USCP	1983

TITLE OF INVENTION: BIOINFORMATICALLY DETECTABLE VIRAL REGULATORY GENES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$0	\$0	\$755	03/16/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
VIVLEMORE, TRACY ANN	1635	536-024500

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Polsinelli Shughart PC</u> 2 <u>Teddy C. Scott, Jr., Ph.D.</u> 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Rosetta Genomics Ltd.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Rehovot, Israel

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Ron Galant/

Date March 10, 2010

Typed or printed name Ron Galant, Ph.D.

Registration No. 60,558

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